

## **DEVOLUTION AND HEALTH CARE SERVICE DELIVERY AT BUNGOMA COUNTY REFERRAL HOSPITAL IN BUNGOMA COUNTY, KENYA**

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## **ABSTRACT**

Healthcare services in Bungoma County have been plagued by several challenges ever since the devolution of healthcare services in Kenya. Challenges facing health services include the underfunding of health facilities, inadequate equipment, and lack of adequate staffing, all of which have had a negative impact on the provision of health services. Moreover, poor financial management and low community participation in health services have also contributed to the aforementioned challenges. Though several measures have been put in place to solve these challenges, there is currently very little empirical data regarding the influence of devolved health functions like financial management, human resource management, health infrastructure development, and community participation on health service delivery in the county. The present study intended to examine the influence of devolved health functions on health services in Bungoma County. In particular, the areas that were of interest included the influence of devolved human resource management, healthcare infrastructure development and community participation on health service delivery. Agency Theory was utilized in this study. The research was

designed using a descriptive approach and was aimed at a population of 500 health workers, which consisted of 50 healthcare administrators, 300 medical practitioners, and 150 support workers. Using the Cochran formula, the sample size was determined to be 384. Methods of data collection involved the use of questionnaires, interviews, and focus group discussion (FGD). The analysis of quantitative data was carried out using SPSS software, while the qualitative data was subjected to thematic analysis. The results revealed that the study found that the devolution to Bungoma on healthcare delivery has resulted in recruitment and expanded opportunities to train staff which is now more capable for frontier workloads, resulting in more accessible healthcare service. Conversely, there is an ongoing shortage of specialists, work imbalance to restore workloads, and mixed perceptions of motivation and career development to remain substantial barriers. Therefore, the conclusion is to ensure that even as seen to have gained from recruitment, there are strategies for specialists, imbalance in works distributed across health workers, and long-term career development.

## **INTRODUCTION**

In recent years, many developed and developing countries have embraced health sector decentralization to promote accountability to the people, increase efficiency in service delivery, equity in access and resource distribution, and increase resource mobilization. In Indonesia, decentralization resulted in subnational levels being charged with administering health care, which by 2016 accounted for around 24% of overall health spending (WHO, 2019).

Since the 1990s, the devolved administrations of England, Scotland, Wales, and Northern Ireland have handled their healthcare services according to their healthcare services, which includes organizing and funding the healthcare systems of the National Health Services (NHS). The devolved governments' functions cover family planning, provision of health services, and provision of care services to prevent and cure health problems (Farrar, Blunt & Edwards, 2019). Even though the healthcare systems are under the administration of the devolved governments in their regions, healthcare in England is handled by the central UK government. There is no cost incurred for accessing NHS health services since it is according to clinical need, and anyone can access it. In contrast, access to social care varies in the devolved regions depending on means-tested eligibility (Naylor et al., 2020; Farrar et al., 2019).

In the case of Africa, devolution of health service delivery has led to regional governments assuming the task of ensuring the coordination and management of health care delivery in counties. Some of the responsibilities include promotion of primary health care, management of public health and sanitation, provision of ambulance services, and carrying out disease surveillance and response measures (Mutua et al., 2020). However, decentralization within the public health care system in Ghana has not been fully adopted by the Government of Ghana. While decentralization through devolution has ensured that some responsibilities are undertaken by district authorities, others still remain centralized or deconcentrated, thereby reducing their autonomy (Bossert et al., 2019).

In the case of Burkina Faso, the decentralization of the country's healthcare sector has been focused on improving access and responsiveness through transferring responsibilities from the center to local governments. In that regard, more community participation and attention towards primary health care services, especially maternal and child health services, have become noticeable (Ouédraogo et al., 2020). Although such changes have occurred in the healthcare sector, there is still a problem of insufficient resources and access issues within the sector, as well as capacity issues at the local level, especially within remote areas (Ridde & Shakir, 2021). At the same time, innovative methods for healthcare provision and payment have been developed, supporting further decentralization. Despite these difficulties, proper cooperation between all stakeholders and capacity-building activities need to be undertaken (Zida et al., 2021).

The devolved system of governance in Kenya was implemented in 2013, with the national government and 47 county governments making up the two tiers of the governance system. The devolved responsibility of health saw the responsibilities of planning, budgeting, and provision of services transferred from the national government level to the county level of governance (Barasa et al., 2017). The national government controls the policy development and regulation in relation to health, while the county governments manage the public health, surveillance activities, delivery of primary health care services, and recruitment and management of health personnel (Maina & Kibui, 2020). In addition, the counties come up with their County Integrated Development Plans (CIDP), which identify key areas of concern in health on a yearly basis, as well as coordination of health stakeholders to enhance service delivery. Under devolution, health care provision is supposed to become more attuned to local needs, even though inequality in resources allocation and management skills is still a major issue. Very few studies have been conducted about the role of Bungoma County Teaching & Referral Hospital as referral centers in devolution. Insufficient research exists to show if improvements in facilities (oxygen plants, theaters, ICUs) enhance patient experience.

### **Statement of the Problem**

Service provision in the health sector in Kenya has changed greatly due to the introduction of devolution by virtue of the new Constitution of Kenya, which came into force in the year 2010. The introduction of devolution sought to enhance the delivery of health services by delegating the task of managing these services from the national government to county governments. While it was hoped that devolution would lead to increased proximity to the service provision sites, decreased costs of service delivery, and equitable distribution of health care resources, the results have been varied with some counties performing better than others. For example, like most other counties in Kenya, Bungoma County has experienced many problems in the provision of quality health care services since the devolution of health responsibilities. Among some of the problems encountered include inadequate financing of healthcare facilities, shortages of equipment and understaffing, which have an effect on the service delivery process. Moreover, poor financial management practices and community involvement have contributed to the problem. While efforts have been made by stakeholders to overcome the above mentioned problems, there is no substantial research work carried out to show the impact of devolved health responsibilities on health service delivery in Bungoma County (Njoroge and Moi, 2020).

There are various studies which have been done on the issue of devolution and healthcare services delivery in Kenya. Barasa et al. (2017) looked at the impact of devolution on healthcare services in Kenya and found out that although devolution has been successful in improving access to healthcare services, there are still issues with financial and human resources management. Waweru et al. (2018) similarly showed difficulties facing counties in managing health care finances and manpower. In these studies, there is no mention of Bungoma County. A different study conducted by Nyikuri et al. (2015) focused on the impact of governance on health care service delivery in the

era of devolution without addressing community participation in decision making for health care. By concentrating on Bungoma County particularly, the current study aimed to fill in the gaps found in the body of previous material. There is little data on patient satisfaction and trust in the implementation of devolved hospital services in Bungoma County, despite the fact that earlier research has offered insightful information about the wider implications of devolution on healthcare service delivery in Kenya. By presenting context-specific data on the benefits and drawbacks of devolution in the county's healthcare service delivery and by making suggestions for enhancing service delivery through successful devolution strategies, this study added to the body of knowledge.

### **Objectives of the Study**

- i. To evaluate the effect of devolved human resource management on healthcare services in Bungoma County Referral Hospital
- ii. To determine the effect of devolved healthcare infrastructure development on healthcare service delivery in Bungoma County Referral Hospital.

## **LITERATURE REVIEW**

This section examined the theories forming the foundation of the study, empirical literature and the conceptual framework.

### **Theoretical Framework**

#### **Agency Theory**

Agency Theory was initially introduced by Jensen and Meckling in 1976, focusing on analyzing the association between the principal (task delegator) and the agent (task performer). The theory argues that differences in goals and objectives between the two parties may lead to conflicts that may compromise productivity and create opportunities for one party to take advantage of another. Information asymmetry, which is characterized by unequal possession of information between two individuals in such a relationship, causes these conflicts to arise from time to time, whereby the agent knows much more about their activities and decision-making process than the principal.

Several researches have expanded on Jensen and Meckling's theories, exploring the application of agency theory in various governance systems and contexts. For example, Eisenhardt (1989) expanded on their work by concentrating on the application of the theory in organizational settings, particularly in the resolution of conflicts of interest through approaches such as performance incentives. Other scholars, such as Shapiro (2005), have criticized agency theory, arguing that it simplifies interactions by assuming the selfishness of the persons involved.

In the context of the study, Agency Theory becomes crucial since it was used as an analytical framework for assessing the principal-agent dynamic between the national government as the

principal and the county government of Bungoma as the agent in the decentralized healthcare delivery system. The execution of the decentralization policy led to the emergence of the situation whereby county governments take charge of the management of healthcare services but remain accountable to the national government. The study conducted involved the application of Agency Theory that was instrumental in highlighting the issues of accountability in Bungoma County's health sector.

## **Empirical Literature**

### **Resource Management AND Healthcare Services**

Arale and Kiruthu (2019) studied the influence of devolution on the performance of human resources within the healthcare sector, especially in Garissa County. The research adopted the descriptive research approach, which concluded that devolution influenced the performance of human resources in the healthcare sector of Garissa County significantly. The survey did not examine the effects of devolved human resource management on healthcare services, although providing a thorough understanding of how devolution affects human resource performance generally. Thus, by concentrating on the impact of devolved human resource management on healthcare services, this study aims to close the observed gap.

Nyawira, Tsofa, Musiega et al. (2022) investigated the management of human resources for health and how it impacts health systems efficiency in Kenya. For this study, the researchers used a case study method of research design based on both quantitative and qualitative approaches, concentrating on two counties selected through purposeful sampling. The results obtained from the study indicated that human resources for health in the selection of counties were poorly financed leading to a shortage of health professionals, thus affecting the health system input mix and hence efficiency. The study did not examine the impact of decentralized human resources management on the provision of health care services, while identifying significant obstacles including funding and human resources for the health shortage. By investigating the impact of devolved human resources management on health care services in Bungoma County, this study aims to close the knowledge gap.

Munywoki, Kagwanja *et al.* (2020) examined priority setting activities within the health sector regarding HRH five years after the devolution of power in Kenya through a mixed-methods case study at the county level. The study revealed that there was an almost doubling in terms of HRH numbers in the post-devolution era, where there were two approaches towards recruiting more staff members: One process was guided by the County Public Service Board based on policies and guidelines while the other approach involved a politically motivated strategy whereby the recruitment of more staff members is done by the County Department of Health. Although the research provided valuable insight into HRH recruitment activities and the number of staff recruited, it does not directly touch on the issue of the effect of devolved human resource management on healthcare services delivery. This is because the current study focused on

examining how human resource management in a devolved setting impacts healthcare service delivery.

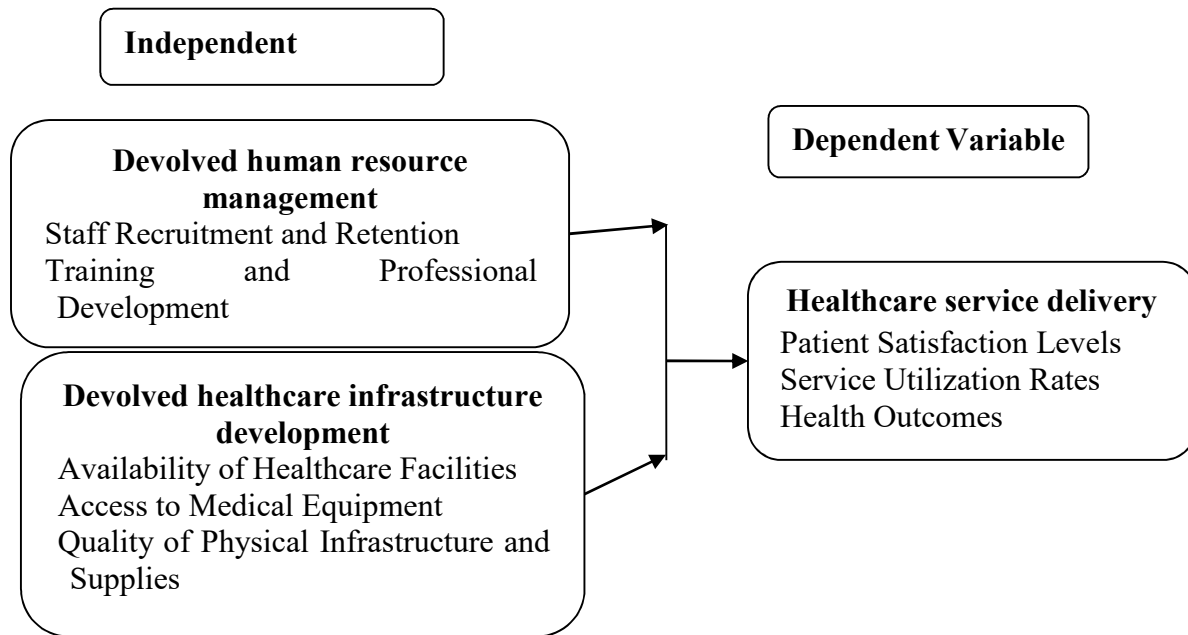
### **Healthcare Infrastructure Development on Healthcare Service Delivery**

Lore and Thuo (2023) investigated the effects of devolution on healthcare service delivery in the Arid and Semi-Arid Lands (ASALs) counties of Kenya. It was found that there were significant increases in health personnel, beds, and health institutions following devolution. Nevertheless, several issues including greater distance to health facilities, drug shortages in public health institutions, and catastrophes related to health expenditure occurred. Moreover, patient satisfaction in privacy services in outpatients' and inpatients' departments had decreased significantly. Although the findings of the study offered some insights about the development of infrastructure and service provision after devolution, the study did not focus on how the development of healthcare infrastructures through devolution impacts healthcare service delivery. This is what the present study on Bungoma County intended to fill.

Sony, Antony, and McDermott (2022) examined the effect of Medical Cyber-Physical Systems (MCPS) on the provision of healthcare services and discovered that MCPS use improves nine aspects of health care service delivery: accessibility, comprehensiveness, coverage, quality, continuity, person-centeredness, coordination, efficiency and accountability. In order to prove these points, the researchers put forward nine propositions about the effect of MCPS on healthcare delivery. Even though the research does a great job in pointing out positive effects that may result from using MCPS in relation to healthcare delivery, there is no evidence about the effect of devolved healthcare infrastructure development in terms of improving the above-mentioned areas. Thus, the current study in Bungoma County focuses on filling the gap by investigating the effect of devolved healthcare infrastructure development on healthcare services delivery outcomes.

Boakye, Blankson, Prybutok et al. (2019) investigated the influence and significance of service quality on patient satisfaction and perceived value in Ghana's healthcare delivery system. The research employed a quantitative methodology to assess the effects of service quality on patient satisfaction levels and perceived value within the Ghanaian health sector, revealing a notable relationship between healthcare service quality and both patient satisfaction and perceived value. It was found out that the benefits and cost associated with improving healthcare services would increase patient satisfaction and behavioral intentions, which informs on retention strategies in healthcare service management. Even though this study gave an insight into how service quality impacted patient satisfaction, the research did not focus on the impact of devolved healthcare infrastructure development in relation to patient satisfaction and perceived value. The study undertaken in Bungoma County aims to investigate the effects of devolved healthcare infrastructure development on healthcare service delivery.

## Conceptual Framework



## RESEARCH METHODOLOGY

A descriptive research methodology was utilized in this research, which was a suitable method for investigating the effects of financial management devolution on the provision of healthcare services in Bungoma County. The objective of descriptive research was to accurately describe the phenomenon under study (Creswell, 2014). The method allowed the researcher to gather quantitative and qualitative data about pre-existing circumstances and occurrences (Kumar, 2014). The survey was done in Bungoma County, Kenya, one of the 47 devolved units established under the 2010 Constitution. Bungoma is located in the Western region and has an estimated population of over 1.6 million people. The county is served by a network of public healthcare facilities, in Bungoma County Referral Hospital.

The study's target population comprised healthcare professionals as well as clients utilizing the healthcare services in Bungoma County; hence, this would enable the study to gain a broad perspective on the impact of devolution on the delivery of healthcare services. In particular, the sample population comprised 50 health facility administrators at different managerial levels, 300 members of the medical workforce comprising of doctors, nurses, and clinical officers, and 150 support workers, hence making the sample size of healthcare professionals 550 people.

In this study, a stratified random sampling method was utilized to pick samples that were representative of particular subgroups that would have different views on the impact of devolution on service delivery in the healthcare sector. The target population was stratified and grouped into

particular categories such as healthcare administrators, healthcare providers (doctors, nurses, and clinical officers), support staff members, and patients seeking healthcare services at public hospitals. These particular groups had been further categorized based on demographic characteristics like age, gender, and medical conditions. After identifying the suitable sample size using a standard sample size formula, a random selection of participants was done through random number generators. This provided an unbiased and highly vulnerable group of participants from which information could be drawn regarding the impact of devolution.

A representative sample of 270 respondents was selected using the Cochran's formula. The study made use of several research instruments, which include a semi-structured questionnaire, an interview guide, and FGD in order to generate a complete picture of the impact of devolution on health service delivery in Bungoma County. These research instruments assisted in the generation of both quantitative and qualitative data, thus giving a holistic perspective on the impact of devolution from the point of view of various stakeholders in the healthcare sector.

Questionnaires were distributed to healthcare professionals in order to generate quantitative data on different issues concerning the impact of devolution on healthcare service delivery. The healthcare professionals targeted in this process included healthcare administrators, medical practitioners such as doctors, nurses, and clinical officers, as well as support staff in hospitals. Questionnaires were useful in generating closed-ended data, which could be statistically analyzed. An interview guide approach was employed when conducting in-depth interviews with healthcare administrators and some medical practitioners. The interview guides were structured around open-ended questions intended to encourage qualitative responses concerning their experiences, difficulties, and recommendations for improving service delivery after devolution. In this case, the interviews gave insights into the individual perspectives of the healthcare professionals involved, thus giving a clearer picture of what the challenges and successes have been with regard to devolution of the healthcare sector.

A focus group discussion (FGD) was done among patients accessing public healthcare services in Bungoma County. The FGD instrument was used to collect qualitative data concerning their experiences, satisfaction levels, and any observed changes in service delivery following the application of devolution. Using FGDs ensures that there is an interaction between members in the discussion, enabling the sharing of different perspectives concerning healthcare services.

The data analysis techniques utilized in this research followed a structured method that was aimed at achieving precise and reliable information in order to address the stated research goals. The quantitative data from questionnaires was subjected to a rigorous cleansing process to detect and correct errors such as those relating to missing data and outliers. Following this cleansing process, the data will be coded and analyzed via the SPSS.

The qualitative data obtained through focus group discussions (FGDs) and interviews were analysed using entirely distinct methodologies. To identify trends, themes, and lessons learned from the effects of devolution on the provision of healthcare services, qualitative data were verbatim transcribed and subjected to thematic analysis. The transcripts were coded so that the responses could be arranged according to the goals of the study.

## **RESEARCH RESULTS AND FINDINGS**

A total of 270 respondents participated in this study. The demographic profile becomes relevant in that different views and experiences towards the health care system will emanate from it. More than half the respondents (59.2%) were between the ages of 26 and 45 years, implying that the data came from an experienced, mid-career-level workforce currently involved in health care delivery. The gender-wise distribution almost attains equilibrium, with males constituting slightly more than half the respondents (52%), while females constituted 48%. The majority of the workforce consists of people who have done formal schooling; 70.4% of the respondents had studied up to at least bachelor's degree level. This demographic profile ensures that the findings are credible as they will, therefore, include direct front-line views and management views from qualified professionals.

### **Impact of Devolving Human Resource Management**

This study intended to explore the impact of devolution on human resource (HR) management in healthcare - the primary objective of this study was to investigate how devolution has impacted HR in healthcare. Respondents mostly agreed that recruitment and training opportunities have increased since devolution, but agreement was less consistent for equitable workload distribution and staff satisfaction.

These findings indicate that devolution has allowed counties such as Bungoma to recruit staff (nurses and clinical officers) directly, partly addressing the long-standing chronic shortage prior to devolution. However, there are still shortages of specialist doctors (particularly anaesthetists, surgeons, and pathologists). The neutral levels of agreement on workload distribution and satisfaction indicate that, while more staff have been employed, deployment is not effective resulting in some areas experiencing excessive workloads. Qualitative evidence confirmed this perspective. One administrator commented, "We have more nurses now, but in theatres we still struggle as we have very few specialists."

This is in agreement with the results by Arale and Kiruthu (2019), showing that devolution has improved the performance of the HRM functions, although it does not seem to have fixed the inequities present in the allocation of staff (Arale & Kiruthu, 2019). This finding correlates with Agency Theory, which states that when there are discrepancies between what the principals

(national and county government) need compared to the concerns of the agents (hospital managers) as a result of inefficient practices like hiring in high numbers rather than having specialists.

From the findings obtained from the respondents' answers to the questions in the questionnaire, it was seen that some people were of the view that devolution had improved recruitment and training opportunities of health care workers employed in Bungoma County Referral Hospital.

**Table 1 Impact of Devolved HRM**

<b>Statement</b>	<b>Mean</b>	<b>Std Dev</b>	<b>Interpretation</b>
Recruitment and retention have improved.	3.89	0.92	Agree
Training opportunities have increased.	3.72	1.05	Agree
Workload is more evenly distributed	3.35	1.12	Neutral
Career advancement pathways are clearer.	3.68	0.98	Agree
Employee satisfaction has improved.	3.47	1.04	Neutral

Besides the descriptive analysis, these results imply an important contradiction; whereas counties can employ more staff, they might lack the means and capability to meet certain requirements. The shortage of anesthetists and pathologists implies the inadequacy of the health sector in Kenya, given that the majority of these experts are found in major urban referral hospitals in the country. The literature that has been reviewed reflects these same trends. For example, Arale and Kiruthu (2019) found similar results in Garissa County, finding that recruitment had improved at lower cadres but specialists remained in shortage. In addition, as Mutsoli (2018) emphasized, new recruits do not, at least implicitly, mean improved service delivery unless there is a systematic tenure and career development. In Bungoma, this contextualizes why staff perceive the opportunities for training and advancement have improved, but they still do not believe staff retention, staffing levels, or working conditions have improved overall staff satisfaction.

In the Agency Theory context, county governing authorities as "agents" are contracted/mandated to serve the "principal" (the people) and provide healthcare in the least cost efficient and productive manner. Importantly, the agents have likely prioritized politically visible benefits or outcomes-like mass recruitment of nurses-rather than the less visible, yet still important practices of recruiting specialists or workload equity. Translation, gaps between expectations and service delivery exist.

### **Impact of the Development of Devolved Health Infrastructure**

The second objective was to assess the impact of devolved infrastructure development on healthcare delivery. The participants indicated that the expansion of infrastructure was one of the very tactual success stories that accompanied devolution. Being constructed were new wards, theatres, and maternity wings, which helped ease overcrowding. Otherwise, the availability and functionality of equipment like diagnostic machines remains variable. FGDs with patients revealed, "We can see new buildings, but many times the X-ray machine won't work, or we run out of oxygen."

This resonates with Ismail's (2018) research conducted in Mandera County, where infrastructure had been improved, although often without a corresponding investment in maintaining the equipment. According to the Donabedian Model, the "structure" has been enhanced, yet the "process" is limited, which directly affects "outcomes" like reductions in waiting time.

Data collected from the questionnaires suggested that respondents thought there were significant improvements to healthcare infrastructure since the time of devolution. Respondents ranked items on the access to facilities, quality of the hospital building, functioning equipment, waiting time, and maintenance of facilities. The results are summarized in Table 2.

**Table 2 Perspectives on Healthcare Infrastructure**

<b>Statement</b>	<b>Mean</b>	<b>Std Dev</b>	<b>Interpretation</b>
Access to facilities has improved.	4.01	0.83	Agree
Quality of hospital buildings has improved.	3.78	0.94	Agree
Availability of essential equipment increased.	3.55	1.01	Neutral
Waiting times reduced due to infrastructure expansion.	3.42	1.07	Neutral
Facility maintenance is more efficient.	3.36	1.11	Neutral

above questionnaire results confirmed that devolution increased the infrastructure in Bungoma county. However, they were ambivalent about equipment adequacy, waiting time reductions, and maintenance of facilities. This void is the difference in the Donabedian Model between structure versus process. Plans to include physical structure (beds, wards, theatres) to represent “structure” do not represent efficient “processes” of care if any form of diagnostic equipment is developing the habit of breaking down or an absence of drugs. Therefore, the improvements of infrastructure in and of themselves will not bring about shorter wait times, improved patient outcomes or outputs. This finding is consistent with Ismail (2018), who reported interventions made in Mandera County with purposes for infrastructure improvements were evident; however, the county struggled with quality service because of maintenance processes that were weak. Lore and Thuo (2023) also ranked ASAL counties based on heavy investments into new hospital buildings, but they ran dry of robust supply chains of equipment and drugs that lend to processes of efficiency.

Qualitative evidence in the current study aligned with this as well. Patients shared while the hospital looked better, “the X-ray machine was always broken,” and that made the investment seem pointless. In summary, the development of infrastructure must be accompanied by continuous investment plans in the maintenance of equipment, supply chains and training for technical staff who are engaged in utilizing diagnostics to enable functional healthcare services.

### **Overview of General Service Delivery**

To determine if HR, infrastructure, and community participation had an influence on healthcare service delivery, participants were asked to make a pre- and post- devolution comparison in healthcare service operations. The data showed improvements in patient satisfaction (52% to 69%)

and drug availability (48% to 65%). There was an improvement in responsiveness to local needs from (46% to 67%) showing the devolution has allowed for more localized prioritization. Waiting times improved to some extent, indicating that challenges associated with staff deployments and equipment breakdowns continue to exist.

The survey focused on human resource management, infrastructure and participation but also captured responses on overall service delivery outcomes before and after devolution. Respondents were asked to compare the outcomes with respect to the changes in patient satisfaction, drug availability, waiting times and responsiveness to local needs. The information is presented in Table 3 as a summary of health care delivery indicators before and after devolution.

*Table 3 General Service Delivery After and Before Devolution*

<b>Indicator</b>	<b>Before (%)</b>	<b>After (%)</b>
Patient Satisfaction	52	69
Availability of Drugs	48	65
Reduced waiting times	41	58
Responsiveness to needs	46	67

These findings indicate that devolution has provided health services in the county (Bungoma) with a degree of proximity, enhanced response to needs, and increased patient-contentedness. Furthermore, hiring and newly constructed structures may have enhanced this opportunity. Nevertheless, the fact that waiting times have not improved significantly indicates problem areas in the structure of service delivery. It is possible that better structures will not necessarily lead to reduced wait times if there are not enough specialists and functioning equipment to support greater efficiency in the queue.

The extension of these findings to the literature reveals that Boakye et al. (2019) found a correlation between patient satisfaction and the quality of the service, including human resources and service delivery time. Munywoki et al. (2020) made a similar association between recruitment for HR policies and improvements in PB outcomes under devolution. In fact, the case of Bungoma reflects this idea, as patient satisfaction improved with more nurses; however, long wait times persisted because specialist services were bottlenecked.

If we categorize these progress indicators through the Donabedian model, we see improvement in "structure" (facilities) and "outcomes" (satisfaction), while "process" (efficiency, and wait time) are lacking and reports of "incongruent" improvements are noted.

## **CONCLUSION AND RECOMMENDATIONS**

### **Conclusion**

With respect to the pain point of staffing issues and managing human resources, the study demonstrated devolution improved recruitment and training opportunities for the county to increase nurse and front-line staff numbers. The study did highlight shortages of specialists, like an anesthetist and pathologist, continued to hinder the efficiency of service delivery. Furthermore, study participants were divided on any improvement regarding workload issues or overall job satisfaction after devolution. This suggests while capacity has improved headcount of employees this did not automatically rectify centralized HR issues.

Devolved arrangements also resulted in significant improvement in infrastructure and development to Brouminga Referral Hospital. Devolved arrangements greatly improved physical, visible improvements in the development of much needed ward buildings, theatres, and maternity wards. Investment in space has produced improvements in access and transformed the physical outlook of the hospital. Even so, access to and upkeep of key equipment still remain poor and the majority of respondents worried that the physical structures do not always correspond with the processes of effective service delivery. That is to say, while the patient may find themselves in larger spaces or with larger numbers of beds, there are still delays while diagnostics machines are broken, or oxygen is unavailable.

### **Recommendations**

The findings from this study offer a number of actionable recommendations:

**Policy level:** County and national governments need to prioritize the distribution and retention of specialists through targeted incentives and minimum career pathways. If new medical infrastructure is built, it should be accompanied by adequate budgets for any equipment and maintenance. They should clarify policy guidelines which stipulate that health planning uses citizen feedback.

**Practice level:** Hospital managers should plan workloads, invest in educational training for staff, and team-build a procurement system to address drug availability and shortages.

**Future Research:** It will be prudent for future researchers to conduct comparative studies among various counties and even evaluate specialist human resources management options.

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